

MAIL TO
ADDRESS:

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
FORMS MANAGEMENT SECTION
P.O. Box 94095
Baton Rouge, Louisiana 70804-9095

SHIP TO
ADDRESS:

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
FORMS MANAGEMENT SECTION
950 Brickyard Lane
Baton Rouge, Louisiana 70802
Ph. (225)219-9570 - Fax (225)219-9573

I
N
V
O
I
C
E
T
O

S
H
I
P
T
O

Agency Name

Address

City, State, Zip Code

Attention

Agency Name

Street Address (Do Not Use P.O. Box No.)

City, State, Zip Code

Attention

Phone

IMPORTANT INSTRUCTIONS

ALL ITEMS ON THIS REQUISITION WILL BE CHARGED TO THE AGENCY AND COST CENTER NUMBER AS SHOWN. ONLY ONE COST CENTER PER REQUISITION (NO SPLIT BILLING). ORDER CANNOT BE PROCESSED WITHOUT A PHYSICAL STREET ADDRESS, PHONE NUMBER AND COST CENTER OR PURCHASE ORDER NUMBER. PLEASE CHECK THE APPROPRIATE BOX TO INDICATE IF ORDER IS TO BE PICKED UP OR SHIPPED AND IF INSIDE DELIVERY IS REQUIRED. MAIL OR MESSENGER THE WHITE COPY AND RETAIN THE GREEN COPY FOR YOUR RECORDS. THANKS FOR YOUR ASSISTANCE AND YOUR PATRONAGE.

DATE ORDERED

REQUESTED DELIVERY DATE

REQUISITIONED BY

CONTACT PHONE NUMBER

()

DELIVERY ADDRESS PHONE NUMBER

()

AGENCY COST CENTER NUMBER

MUNICIPAL PURCHASE ORDER NUMBER

ORDER TO BE:

☐ Picked Up By Agency

☐ Shipped

☐ Inside Delivery Required

UNITS/PACKS
ORDERED

FORM NUMBER

FORM NAME

REVISION
DATE

WAREHOUSE
REQUISITION

WHITE COPY - FORMS MANAGEMENT

GREEN COPY - AGENCY

DA FM 1
Rev 10/01